

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005421

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: AMBASSADOR TRUST, INC.

## Current Principal Place of Business:

313 SAWMILL LANE  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

13152 SUMMIT CREEK ROAD  
JACKSONVILLE, FL 32224

## Current Mailing Address:

P.O. BOX 428  
PONTE VEDRA BEACH, FL 32004

## New Mailing Address:

13152 SUMMIT CREEK ROAD  
JACKSONVILLE, FL 32224

FEI Number: 59-3536401

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAIRBANKS, RANDAL C  
76 S. LAURA ST. SUITE 1700  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CHRISTIE, CHARLES V  
Address: 313 SAWMILL LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD ( ) Delete  
Name: CHRISTIE, REBECCA R  
Address: 313 SAWMILL LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DV ( ) Delete  
Name: FAIRBANKS, RANDAL C  
Address: 528 BAY HOLLOW CT.  
City-St-Zip: JAX, FL 32259

Title: D (X) Delete  
Name: JECKO, JOAN  
Address: 1713 LAKE PARK DR.  
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: TD ( ) Delete  
Name: LEE, GARY  
Address: 1326 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: CHRISTIE, CHARLES V  
Address: 13152 SUMMIT CREEK RD  
City-St-Zip: JACKSONVILLE, FL 32224

Title: SD (X) Change ( ) Addition  
Name: CHRISTIE, REBECCA R  
Address: 13152 SUMMIT CREEK RD  
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES V. CHRISTIE

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date